

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
SEP 05 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0350
Date: 9-23-14
Amount Paid: 125.00
Refund: 99.14
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Moashen Properties LLC		Mailing Address: 23380 Missionary Rd, Cable WI		City/State/Zip: 54821		Telephone: 715 794-2113		Cell Phone:		Plumber Phone: 715 794-2113		Plumber: Need	
Address of Property: Same		City/State/Zip:		Contractor Phone:		Plumber:		Agent Phone: 794-2113		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contractor: self		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) 1113		Page(s): 59		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Henry Rickloff		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) 1113		Page(s): 59		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION: 1/4, 1/4 E 20 rods 7		Gov't Lot: 7		Lot(s):		CSM: Vol & Page:		Lot(s) No.:		Block(s) No.:		Subdivision:	
Section 34, Township 44 N, Range 6 W		Town of: Grand View		Lot Size:		Acreage: 12.6		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: 190+		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: 190+		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Value at Time of Completion * include donated time & material \$ 10,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conu</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 28 Height: 16
Proposed Construction: Length: 60 Width: 28 Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with (2 nd) Porch	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Deck	()	()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	()	()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date) _____	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify) _____	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Accessory Building (specify) _____	()	()	
<input checked="" type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>garage/storage addition</u>	()	()	
Rec'd for Issuance	<input checked="" type="checkbox"/> Special Use: (explain) _____	()	()	
SEP 23 2014	<input type="checkbox"/> Conditional Use: (explain) _____	()	()	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Henry Rickloff
(If there are Multiple Owners listed on the Deed All Owner must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9-4-14

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Attach ☒
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Need letter of Applicant - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%
- Show / Indicate:
- (3) Show Location of (*):
- (4) Show:
- (5) Show:
- (6) Show any (*):
- (7) Show any (*):

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Private Road	460+ Feet	Setback from the Lake (ordinary high-water mark)	190+ Feet
Setback from the Centerline of Platted Road	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	1600+ Feet	Setback from Wetland	35+ Feet
Setback from the South Lot Line	500+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	NA Feet	Setback to Well	500+ Feet
Setback to Septic Tank or Holding Tank	35+ Feet		
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):	Reason for Denial:					
Permit #: 14-0350	Permit Date: 9-23-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed				
Inspection Record:						
Date of Inspection: 9-18-14	Inspected by: M. Fuchs	Zoning District: (RRB)	Date of Re-Inspection:			
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)						
Mitigation per permit 12-0431						
Signature of Inspector: Michael Fuchs						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9-19-14		

Letter of Auth. required

owner: Sykes Family Trust
 Henry, Patsy Rieckhoff
 Mogashreen Resort
 23380 Missionary Pt Dr
 Cable, WI 54821
 715-794-2113

Legal: Bayfield Co., Grandview Twp.
 PIN 04-021-2-44-06-34-4 05-007-10000
 S 34 T 44 N R 06 W
 Pt Gov Lot 7, V. 267 P. 20 #628
 12 ac Parcel

← 325' ± →



Scale 1" = 40'

BM 100, Storage Bldg floor Rt side of door

B 1. 99.9'

2. 104.05'

3. 99.95'

4. 104.45'

.7 Soils Throughout

Tr. 1,2 (Lower) 98.9'

Tr. 3,4 (Upper) 100'

ATU to be used

pump @ off = 93' ±

2" Sch. 40 PVC
 Force mains
 (50' Arer)

(C)

(B)

4 bld Ex
 "Maple"

3

Add. 10'

4 bld Ex
 "Pine"

2 bld Ex
 "Oak"

Note: This cabin's
 existing system
 is functioning
 properly as of
 this date. (11/19/12)
 well To add to
 new system
 upon failure.

(4) 3' x 80' cells @ .7

A = Rasmussen
 1260 / 1760 Septic /
 Septic Tank.
 * 1260 Chamber to
 have a Sludge
 Hammer S-86 Unit.

B = Rasmussen 1260
 Septic Tank w/
 S-86 Unit

C = Rasmussen
 760 / 1260 Settling
 Chamber / Pump
 Tank w/ Duplex
 pumps.

Dennis Rasmussen
 MP # 221516
 DGPS # 278280
 11/19/12

Namakagon Lake

To dead end

Black top

To Exit office

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Submitted (Received)

JUN 13 2014

Bayfield Co. Zoning Dept.

ENTERED

#175

Permit #:	14-0360
Date:	9-26-14
Amount Paid:	\$175 6-17-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: <u>Seeth Henn</u>		Mailing Address: <u>14420 Carlson Playn N, Plymouth, MN</u>		City/State/Zip: <u>55447</u>		Telephone: <u>612</u>							
Address of Property: <u>20335 W. Crystal Dr.</u>		City/State/Zip: <u>Cable, WI 54821</u>				Cell Phone: <u>812-9958011</u>							
Contractor: <u>Seeth King</u>		Contractor Phone: <u>330-583-6663</u>		Plumber: <u>Plumber</u>		Plumber Phone: <u></u>							
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Seeth King</u>		Agent Phone: <u>330-583-6663</u>		Agent Mailing Address (Include City/State/Zip): <u>P.O. Box 395, Cable, WI 54821</u>		Written Authorization Attached? <u>X</u> Yes <u>No</u>							
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-021-2-44-06-32-305-003-05000</u>		Recorded Document: (i.e. Property Ownership) Volume <u>859</u> Page(s) <u>870</u>							
<u>1/4, 1/4</u>		Gov't Lot <u>3</u>		Lot(s) <u>3</u>		CSM <u></u>		Vol & Page <u></u>		Lot(s) No. <u></u>		Block(s) No. <u></u>	
Section <u>32</u> , Township <u>44</u> N, Range <u>6</u> W		Town of: <u>Grand View</u>		Lot Size <u></u>		Acreage <u>1.0</u>							
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>		Distance Structure is from Shoreline: <u></u> feet		Is Property in Floodplain Zone? <u>X</u> Yes <u>No</u>		Are Wetlands Present? <u>No</u> Yes <u>X</u> No					
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>		Distance Structure is from Shoreline: <u>175</u> feet									
If Yes—Continue →													

Value at Time of Completion * include donated time & material <u>\$ 30,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Privy</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Privy</u>	<input type="checkbox"/> City
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Vented (min 200 gallon)	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>40</u>	Width: <u>34</u>	Height: <u>18</u>
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	<input type="checkbox"/> with Loft	(<u>X</u>)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	(<u>X</u>)	
<input type="checkbox"/> Addition/Alteration (specify) <u>garage</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) <u>garage</u>	(<u>34</u> <u>X</u> <u>40</u>)	<u>1360</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) <u></u>	(<u>X</u>)	
<input type="checkbox"/> Special Use: (explain) <u></u>	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) <u></u>	(<u>X</u>)	
<input type="checkbox"/> Other: (explain) <u></u>	<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) <u></u>	(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Seeth King Date 6-12-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Seeth King Date

Address to send permit Seeth King, P.O. Box 395, Cable, WI 54821

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1400 + Feet	Setback from the Lake (ordinary high-water mark)	1400 + Feet
Setback from the Established Right-of-Way	1000 + Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	900 + Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1300 + Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	1000 + Feet	Setback to Well	1000 Feet
Setback to Drain Field	500 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>14-0360</u>		Permit Date: <u>9-20-14</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: <u>8-18-14</u>		Inspected by: <u>M. Furdal</u>		Zoning District (R-1)		
				Lakes Classification (2)		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:				
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.						
Signature of Inspector: <u>Michael Furdal</u>		Date of Approval: <u>8-18-14</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> Recorded deed		

the box of



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Permit #:	14-0364
Date:	9-29-14
Amount Paid:	84.00 doc 99.19
Refund:	

W. J. Zingales

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 28,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <u>Vaulted</u> (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction: <u>GRABBLE</u>	Length: <u>38</u>	Width: <u>32</u>	Height: <u>15</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	with Loft	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	with a Porch	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	with (2 nd) Porch	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	with a Deck	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	with (2 nd) Deck	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/>	Mobile Home (manufactured date) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>GRABBLE</u>	(<u>34</u> X <u>38</u>)	<u>1216</u>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
Rec'd for Issuance <u> </u>				
<u>SEP 29 2014</u>				
<input type="checkbox"/>	<input type="checkbox"/>	Special Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	Conditional Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	Other: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): Carly B. Salmer Margaret Salmer
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 47180 Twin Pines Lane, Chula Vista 92015

Attach
Copy of Tax Statement ✓

time

- time

